AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

2014 DEC 22 PM 12: 12

UNITED STATES DISTRICT COURT

for the

Brandon Louis Whitnerse)		14-1502
Mourtaire Fund Znc. Defendant/Respondent)))	Civil Action No.	

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of pyclaims.

Signed:

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 12.21.2014

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source		Average monthly income amount during the past 12 months			Income amount expected next month		
		You		Spouse		You	Spouse
Employment Mountaire Pourstine Sugar.	\$	1200,2500	\$		\$	0	\$
Self-employment /	\$	\circ	\$		\$	0	\$
Income from real property (such as rental income)	\$	0	\$		\$	D	\$
Interest and dividends	\$	D	\$		\$	0	\$
Gifts	\$	0	\$		\$	D	\$
Alimony	\$	D	\$		\$	0	\$
Child support	\$	$\overline{\mathcal{O}}$	\$		\$	\bigcirc	\$

Retirement (such as social security, pensions, annuities, insurance)	\$ Ø	\$	\$	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$	\$
Unemployment payments	\$ 0	\$	\$	\$
Public-assistance (such as welfare)	\$ 0	\$ 	\$	\$
Other (specify):	\$ 0	\$	\$	\$
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross
			monthly pay
Host Buy Tre.	1281 Churchmans Rd DE HTTI	8/2014/12/2014	\$ 1500
Mantail Forms	29005 John J. Williams	2/2013/6/2014	\$1,900
	Itmy Millsboro, DE	,	

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Demerta Tensproton	Creenwood, DRZ 19560.	3/2008/10/2013	\$1,000
Dewey Beach PD	line Distance Acond	4/20/0/9/2010	\$1,500
	,		\$

4. How much cash do you and your spouse have?

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
PNC Bonk	Checking/Swings	\$ 20.0°dollars	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their val household furnishings.	ues, which you own o	r your spouse ow	ns. Do not li	st clothing and orc	linary
	Assets owned b	y you or your sp	ouse		
Home (Value)		_		s N/A	_
Other real estate (Value)				\$	IX
Motor vehicle #1 (Value)				\$ 15.000))
Make and year:	KsWagon 1	Bank L	oan	~~~	
Model: Le Ha	25 SE	/ 11	,		5.
Registration #:			-	e e e	
Motor vehicle #2 (Value)				s N/A	
Make and year:				«»،	
Model:					
Registration #:		<u> </u>		, , , , , , , , , , , , , , , , , , ,	i disperimentali di serimentali di serimentali di serimentali di serimentali di serimentali di serimentali di s Serimentali di serimentali di serimentali di serimentali di serimentali di serimentali di serimentali di serim
Other assets (Value)				s NIA	
Other assets (Value)			_	s M/	
6. State every person, business	s, or organization owir	ng you or your sp	ouse money,	, and the amount o	wed.
Person owing you or your spouse money	Amount ow			ount owed to you	
	s ($\overline{}$	\$	$\overline{\mathcal{O}}$	
0	s C)	\$	0	
\bigcirc	s (?	$\overline{}$	\$	0	
7. State the persons who rely of	on you or your spouse	for support.			
Name (or, if under 18, initials only)		Relationship			Age
			ろ		7
<u></u>			7		10
			7		-

8. Estimate the average monthly expenses of you and your family. Show spouse. Adjust any payments that are made weekly, biweekly, quarterly	, semiannually, or an	
monthly rate & live with my dad &	50.00 per weel	(.
help out when 2 can - Monoy.	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	s 💍	s
Utilities (electricity, heating fuel, water, sewer, and telephone)	s 💍	\$
Home maintenance (repairs and upkeep)	s O	s
Food	s O	s
Clothing	s 0	\$
Laundry and dry-cleaning	s O	\$
Medical and dental expenses	s O	\$
Transportation (not including motor vehicle payments)	s 💍	\$
Recreation, entertainment, newspapers, magazines, etc.	s 💍	\$
Insurance (not deducted from wages or included in mortgage payments)	~	
Homeowner's or renter's:	s 🔿	s
Life:	s Ö	s
Health:	s O	\$
Motor vehicle:	s O	\$
Other:	s 🔾	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	s	\$
Installment payments	v . v	
Motor vehicle:	\$ 290	\$
Credit card (name):	\$200	s
Department store (name):	s 💍	\$
Other:	s 0-400) s
Alimony, maintenance, and support paid to others	s 🔿	s

 $\overline{\mathcal{O}}$

\$

\$

Regular expenses for operation of business, profession, or farm (attach detailed

Last four digits of your social-security number:

ĺ

statement)

Other	(specify):	\$	0	\$	
	Total monthly expenses:	\$	0.00	s 0.	.00
9.	Do you expect any major changes to your monthly income or expenses of next 12 months? Wes	r in y	our assets or lia	abilities during the	e pl
10.	Have you spent — or will you be spending — any money for expenses of lawsuit? Yes □ No If yes, how much? \$ Whatevel the costs of	atto	nicy ices in con	ijunenon wim mi	is
11.	Provide any other information that will help explain why you cannot pay The not working went on a 10-hours a week. File for un				
12.	Identify the city and state of your legal residence. Greenwood, Delawire Your daytime phone number: 362-519-4914 Your age: 31 Your years of schooling: 13-years	5	-		